									Application or Docket Number			
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2004									10/0	69	86	J.: (
CLAIMS AS FILED - PART I (Column 1) (Column 2)								MALL YPE	ENTITY	00		R THAN ENTITY
TOTAL CLAIMS			TA		100.	JIM Z	ŗ	RATE		OR 了	RATE	FEE
FOR			NUMBE	REUED	NUM	BER EXTRA		BASIC FEE 395.00		fl	BASIC FEE	+
To	OTAL CHARGE	ABLE CLAIMS	13		. /			-				730.00
INDEPENDENT CLAIMS				inus 20=	- (X\$ 9=		OR	X\$18=	
_		NDENT CLAIM P	minus 3 =			7-1	X44=			OR	X88=	
L		INDENT CLAIM P	TESENI					+150=	•	OR	+300=	
• #	the difference	e in column 1 is	less than a	ess than zero, enter "0" in column 2				TOTAL	4.18	∡OR	TOTAL	
CLAIMS AS AMENDED - PART II									الأومانيون والمستعم	_	OTHER	THAN
_	(Column 1) (Column 2) (Column 3)							SMALI	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	.13	Minus	- 20	5	=	Г	X\$ 9=	TT	OR	X\$18=	
	Independent	· 2	Minús	***	B	= /		X44=	1 /	OR	X88=	
L	FIRST PRESE	NTATION OF MI	JLTIPLE DE	PLE DEPENDENT CLAIM			┢		 / 		17.	/
							L	+150=	1/	OR	+300=	
								TOTAL DIT. FEE		OR ,	TOTAK ADDIT. FEE	
	<u> </u>	(Column 1)		(Colum		(Column 3)	_			•	·	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA	Ŀ	RATE,	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=	,	X\$ 9=		OR	X\$18=	·
	Independent	*	Minus	.000	٠.	3		<u> </u>		OR	X88=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						H					
								150=		OR	+300=	
•								OIT. FEE	Ļ	OR ,	TOTAL DOIT. FEE	
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST										_		<u>. </u>
Ž þ		REMAINING AFTER AMENDMENT	•	NUMBE PREVIOU PAID FO	ER JSLY	PRESENT EXTRA	A	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=	T _x	\$ 9=	· -		X\$18=	
	Independent	•	Minus .	***		=	-			OR		
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							44=	· .	OR	X88=	<u>·</u>
+150= OR											+300=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20. *** TOTAL ADDIT. FEE OF OF OF OF OF OF OF OF OF											TOTAL DOIT, FEE	· .
11	the "Highest Nun	nber Previously Pail ber Previously Paid	d For IN THIS	S SPACE is to	ess than	3 enter **		_				